

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005250

1. Entity Name

ST. LUCIE COUNTY CHAPTER OF THE WOMENS COUNCIL O

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90039 022 ****61.25

Principal Place of Business

Mailing Address

4972 S 25TH ST
FT. PIERCE FL 34981-5009

4972 S 25TH ST
FT. PIERCE FL 34981-5009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0816965

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROWE, DEBBIE
4888 N KINGS HWY
FORT PIERCE FL 34951

Name

DEBI JENSON

Street Address (P.O. Box Number is Not Acceptable)

1626 SW Taurus Ln

City

Port St Lucie

FL

Zip Code
34984

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Debi Jenson

Feb 7, 2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
CROWE, DEBBIE
4888 N KINGS HWY
FORT PIERCE FL 34951 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
KELLY-BROWN, SHARON J.
950 SW Bayshore Blvd
Port St Lucie 34983 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
CALVERT, JOYCE L
1007 GRAND VIEW BLVD
FORT PIERCE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
Egler, Sheryl
1186 SE Clifton Ln
Port St. Lucie 34983 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PED
JENSON, DEBI
1626 SW TAURUS LN
PORT ST LUCIE FL 34984 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
Jensen, Debi
1626 SW Taurus Ln
Port St. Lucie, FL 34984 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
ADAMS, TONYA
920 SE BAYFRONT AV
PORT ST LUCIE FL 34983 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPE
Adams, Tonya
920 SE Bayfront Ave.
Port St. Lucie, FL 34983 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
KING, AGNES
2274 5TH CT SE
VERO BEACH FL 32962 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
Curtis, Donna
2914 Sherwood Ln
Ft. Pierce, FL 34982 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donna Curtis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)